

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-879)

SERIAL NO.

FILING DATE

101579,025

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1,2				
4		2,1				
5		1,2				
6		①				
7		1①				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15		①				
16		①				
17		①				
18		①				
19		①				
20		①				
21		①				
22		①				
23	1					
24		1				
25		1				
26	1					
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33	1					
34	1					
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41	1					
42	1					
43	1					
44		1				
45						
46						
47						
48						
49						
50						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	36	←		←		←
TOTAL CLAIMS	44					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						